

**NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES  
DATA SUMMARY FOR TECHNICAL REPORT SUBMITTALS**

Report Title & Date: \_\_\_\_\_

**SITE INFORMATION**

NHDES Site #: \_\_\_\_\_ Recommended RISK Level of this Site: \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Site Town and Zip Code: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_  
 Property Owner Contact Person and Tel. #: \_\_\_\_\_  
 Facility Owner: \_\_\_\_\_  
 Facility Owner Contact Person and Tel. #: \_\_\_\_\_  
 Responsible Party Mailing Address: \_\_\_\_\_  
 (Specify Property or Facility Owner or Other) \_\_\_\_\_  
 Property Deed Reference (County, Book/Page): \_\_\_\_\_  
 Current Site Town Tax Map and Lot #: \_\_\_\_\_

**CONSULTANT INFORMATION**

Preparer/Consultant: \_\_\_\_\_  
 Consultant's File #: \_\_\_\_\_  
 Contact Person and Tel. #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**SITE LOCATION/DESCRIPTION**

Yes/No  
 Municipal water in the area? \_\_\_\_\_  
 Municipal water provided to Site? \_\_\_\_\_  
 Municipal sewer in the area? \_\_\_\_\_  
 Urban area? \_\_\_\_\_  
 Within Sourcewater Protection Area? \_\_\_\_\_

**POTENTIAL RECEPTORS**

Yes/No  
 Basements (within 250 ft.): \_\_\_\_\_  
 Water supply wells (within 1,000 ft.): \_\_\_\_\_  
 Surface water bodies (within 100 ft.): \_\_\_\_\_  
 Is Site occupied? \_\_\_\_\_

**UST/AST INFORMATION**

\_\_\_\_\_ Applicable \_\_\_\_\_ Not Applicable  
 UST/AST Registration Number: \_\_\_\_\_  
 Date most recent compliance report was run: \_\_\_\_\_  
 Is Site in compliance with operating and maintenance requirements? (Yes/No) \_\_\_\_\_

Product(s) Stored:	#UST active	Total capacity	#UST inactive	#UST removed	#AST active	Total capacity	#AST inactive	#AST removed

**PRIMARY SUSPECTED SOURCES OF CONTAMINATION**

List (LUSTs, Dry Wells, Drums, Floor Drains, etc.)	Eliminated? Yes/No

Estimated product lost: \_\_\_\_\_ gallons  
 Estimated product recovered: \_\_\_\_\_ gallons  
 Is any free product remaining? (Yes/No) \_\_\_\_\_ Is all contaminated soil remediated? (Yes/No) \_\_\_\_\_

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**SITE HYDROGEOLOGY**

Stratigraphic Units	Average Depth (feet – feet)
Estimated depth to bedrock: ____ (feet)	Is there a vertical gradient? (up/down/unknown) ____
Average depth to groundwater: ____ (feet)	Is there a perched water table? (yes/no) ____
Regional/Groundwater flow direction	(North, South, East, West) ____
Average Site Groundwater Flow Direction _____	

**SOIL FIELD SCREENING RESULTS**

**(remaining in-ground conditions)**

Sample Designation:					
Date Sampled:					
Depth of Sample:					
Parameters	Method (e.g., PID, Hanby)	<b>CONCENTRATIONS (ppm)</b>			
Total VOCs					
Total BTEX					
TPH					

**SOIL QUALITY ANALYTICAL DATA**

**(remaining in-ground conditions)**

Sample Designation:					
Date Sampled:					
Depth of Sample					
Parameters/Method	RCMP S-1 Criteria	<b>CONCENTRATIONS (ppm)</b>			
Benzene					
Total BTEX					
Naphthalene					
TPH					

**GROUNDWATER QUALITY ANALYTICAL DATA**

**(most recent sampling round)**

Sample Designation:					
Date Sampled:					
Parameters	Test Method	AGQS	Are AGQSs Violated?	<b>CONCENTRATIONS (ppb)</b>	
Benzene					
Total BTEX					
MTBE					
Naphthalene					